Case Household and Primary Contacts (CHPC), Contact Identification — Instructions

Local public health authorities without standard contact identification and tracing procedures may use this electronic form to identify and and monitor any individual who has been exposed to the etiologic agent of concern through social contact with the case linked to this record. For persons who have been exposed to the etiologic agent via the physical or occupational environment, please complete the separate Exposures form, which is not linked to a specific case and can be selected from the Smallpox Menu.

Completing the CHPC: General Information

This form originated from several forms developed for a contact tracing procedure drafted in 2002 and included among other OMB-approved forms that were intended for use during a smallpox outbreak (OMB 0920-0008, Exp. Date 6/2003). The CHPC is a compilation of basic questions to be included in electronic data collection. A complete set of the 2002 forms and recommendations for a standard procedure for identifying, tracing, and following known and potential contacts can be found on the CDC Smallpox website.

For more comprehensive surveillance, go to http://epiinfovhf.codeplex.com/. Contact your Team Lead or Response Coordinator for additional guidance.

If your jurisdiction has opted to use the CHPC for this outbreak, please complete the 3-page form for each contact exposed to this case. To exclude a record from the data you send to your point of contact (POC), select **Delete** from the menu bar. You will not delete the record from your database; rather, you will prevent sending it to someone else. When you want to include the record among those transmitted to your POC, select **Undelete** before transmitting the data again.

Coding Checks: To maximize data integrity, some fields may be unavailable because of a response(s) to another question(s). Other checks may highlight potential errors and show a pop-up message. A few of the responses are autofilled based on other information entered on the form. Please note that highlighted fields will be cleared when the record is closed or the field is corrected.

Ideally, and if resources are available, primary contacts who do not have fever or rash at the time of interview should remain under active surveillance for 21 days after their last contact with the smallpox case, or 14 days following successful vaccination.

Any contact with fever for 2 consecutive days should be referred for clinical evaluation.

Contact Identification

Data on the Contact Information Page

Use the 'Transmit Data without PII / PHI' from the Smallpox Menu to prevent sending identifying information. If the local jurisdiction prefers to be the sole retainer of this information, please contact CDC to request modification of the data transmission scripts.

Contact ID
> Enter the unique identification for this case. Refer to the assignment strategy used by your local jurisdiction. If you do not have an ID-assignment strategy, request one through your state.

Date of First Household Visit
> Enter in MM/DD/YYYY format or click in the box to select a date from the drop-down calendar.

> **Helpful Hint: Navigating in the Drop-Down Calendar**
>
> Select today's date at the bottom of the calendar
> - If the date occurred this month, click on the day
> - If the date was a month or more earlier
> - Click on the month/year in the top center of the calendar
> - Use the navigation arrows in the top corners

Date of Contact's First Exposure
> Enter in MM/DD/YYYY format or click in the box to select a date from the drop-down calendar to indicate the first date of exposure the contact had with the case since the case developed fever. Of the contact is a member of the case household, this date will most likely be the same as the case's date of fever onset.

REPORTING SOURCE: Jurisdiction

Reporting State
> Select a response from the drop-down list.

> **Helpful Hint: Selecting a Response from a Drop-Down List**
>
> Typing the first letter or two will minimize the need for scrolling.

State FIPS Code [Read-Only]
> This field is autofilled if Reporting State contains information; it will change if the Reporting State changes.

Reporting County
> Select a response from the drop-down list.

County FIPS Code [Read-Only]
> This field is autofilled if Reporting County contains information; it will change if the Reporting County changes.

If applicable, please provide the name of the Region, District, Precinct, or other jurisdiction information.
> Type the name that further identifies or clarifies the reporting public health jurisdiction.

Contact Information for Persons Under Observation (PUO)

Name: Last Name, FirstName, MI (Middle Initial), Suffix, Nickname/Alias
> Enter the requested information in the spaces provided.

Address: Street Address, Apartment Number; City, State; Zip Code
> Enter the requested information in the spaces provided. *Please do not use a Post Office Box.* For State, select a response from the drop-down list.
>
> Note that all address fields are autofilled for based on information entered in the previous record. Please review the autofilled information for accuracy and modify as needed.

State FIPS Code (Contact) [Read-Only]
> This field is autofilled based on the contact's state of residence; it will change if **State** changes.

County
> Select a county from the drop-down list.

County FIPS Code (Contact) [Read-Only]
> This field is autofilled based on the contact's county of residence; it will change if County changes.

Telephone numbers of Person Under Observation: Main Phone, Work Phone, Other Phone
> Enter up to three telephone numbers for the contact or contact's proxy.

Notes
> Enter additional helpful information as needed.

GET GEO-COORDINATES [Command Button]
> Click on this button to autofill the latitude and longitude for the zip code of the contact's address. These data can be used to map the location of contact's. This information will not be sent to CDC. For more refined geocoding, please contact CDC for assistance.

Latitude (zip code); Longitude (zip code) [Read-Only]
> Click on the GET COORDINATES button to automatically populate this field with the latitude assigned to the zip code for the contact's address.

Longitude (zip code) [Read-Only]
> Click on the GET COORDINATES button to automatically populate this field with the longitude assigned to the zip code for the contact's address.

Demographics and Exposure to Case(s)

Age
> Enter the contact's age.

Age unit
> Select the age unit from the drop-down list.

Gender
> Select a response for each of these fields from the drop-down list.

If female, Pregnant?
> Select a response for each of these fields from the drop-down list.

Case ID
> This field is autofilled with information from the Contact Investigation Form (CIF); it will change if information on the CIF changes.

Is this case epidemiologically-linked to a confirmed case?
> Select a response from the drop-down list.

Relationship to Case
> Select a response from the drop-down list.

If Other, please specify
>   If Other was selected for the previous question, enter information in the space provided.

INTERVIEW INFORMATION

Interviewer name (Last, First, MI)
>   Enter the requested names in the space provided.

Interview Date
>   Enter in MM/DD/YYYY format, or click in the box to select a date from the drop-down calendar.

Person Under Observation
>   Click on box if the person under observation provided information to the interviewer.

Other
>   Click on box if someone other than the person under observation provided information to the interviewer.

Informant Name (Last, First, MI)
>   Enter the requested names in the space provided. Leave blank if the contact is the informant.

Telephone numbers of informant if other than contact
>   Enter the requested information in the spaces provided; leave blank if the contact is the informant.

Primary interview language spoken (if other than English)
>   If not English, select a response from the drop-down list.

If other, please specify
>   If Other was selected for the previous question, enter information in the space provided.

NAVIGATION BUTTONS

NEXT PAGE [Command Button]
>   Click on the button to go to the next page of the form, **Core Prevention Strategies**.

ENTER SYMPTOMS [Command Button]
>   Click on the button to go to the last page of the form, **Self-Reported Symptoms**.